

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE # 1 of 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Frank		OFFICE USE ONLY Date Received DEC 23 2014 <i>S. Uttil</i> Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME LAST SUFFIX Leffingwell		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 686 Round Rock, TX 78680		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Judy		
	NICKNAME LAST SUFFIX McLeod		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 686 Round Rock, TX 78680		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 246-3040		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year Month Day Year 09/25/2014 THROUGH 12/15/2014		
10 ELECTION	ELECTION DATE Month Day Year 01/24/2015	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Round Rock City Council #3	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Leffingwell, Frank (Mr.)

14 ACCOUNT # (Ethics Commission filers)
0000000115 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4,700.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 5,637.93

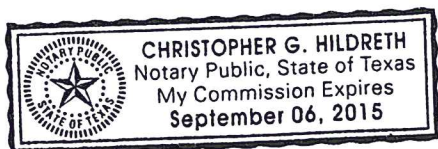
CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 3,062.07

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 4,000.00

17 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Frank L. Leffingwell
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Frank L. Leffingwell, this the 23rd day
of December, 20 14, to certify which, witness my hand and seal of office.

Chi Z...
Signature of officer administering oath

Christopher G. Hildreth
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/5 Report: 3/11

2 FILER NAME Leffingwell, Frank (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Avery, A. Nelson (Dr.)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

12/04/2014

6 Contributor address; City; State; Zip Code
512 River Chase Boulevard
Georgetown, TX 78628

\$250.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Baese, Writ

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/02/2014

Contributor address; City; State; Zip Code
2721 Loyago Dr
Rock Rock, TX 78681

\$350.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bamburg, Mary (Mrs.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/15/2014

Contributor address; City; State; Zip Code
1946 Savannah Drive
Round Rock, TX 78681

\$50.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Black, James (Mr.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/15/2014

Contributor address; City; State; Zip Code
1716 Possum Trot Street
Round Rock, TX 78681

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Boles, Russ and Kathy (Mr. and Mrs.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/10/2014

Contributor address; City; State; Zip Code
2201 Creekview
Round Rock, TX 78681

\$200.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/5 Report: 4/11	
2 FILER NAME Leffingwell, Frank (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 12/02/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chidester, Matthew (Mr.) 6 Contributor address; City; State; Zip Code 2713 Overton Street Round Rock, TX 78665	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christian, Elizabeth (Mrs.) Contributor address; City; State; Zip Code 823 Congress Avenue Suite 1505 Austin, TX 78701	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crossley, C.H. (Mr.) Contributor address; City; State; Zip Code P.O. Box 1117 Round Rock, TX 78680	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Culpepper, Charles (Mr.) Contributor address; City; State; Zip Code 1901 Shadowbrook Circle Round Rock, TX 78681	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Downey, Iris (Mrs.) Contributor address; City; State; Zip Code 4001 Big Bend Trail Taylor, TX 76574	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/5 Report: 5/11

2 FILER NAME Leffingwell, Frank (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Hendricks, Donald (Mr.)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

12/15/2014

6 Contributor address; City; State; Zip Code
1501 Bluff Drive
Round Rock, TX 78681

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Hester, Gail (Mr.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/15/2014

Contributor address; City; State; Zip Code
P.O.Box 552
Round Rock, TX 78680

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Hildreth, Christopher (Mr.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/02/2014

Contributor address; City; State; Zip Code
12224 Ballerstedt Road
Elgin, TX 78621

\$40.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Latham, Jay and Fay (Mr. and Mrs.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/08/2014

Contributor address; City; State; Zip Code
2408 Donner Path
Round Rock, TX 78681

\$500.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Leffingwell, Margaret (Mrs.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/04/2014

Contributor address; City; State; Zip Code
2301 Red Oak Circle
Round Rock, TX 78681

\$250.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/5 Report: 6/11

2 FILER NAME Leffingwell, Frank (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
McGahey, Ryan (Mr.)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

12/11/2014

6 Contributor address; City; State; Zip Code
1602 Messick Loop
Round Rock, TX 78681

\$50.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Miller, Jonas

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/02/2014

Contributor address; City; State; Zip Code
1717 N IH 35
304
Round Rock, TX 78664

\$250.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Nelson, John (Mr.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/15/2014

Contributor address; City; State; Zip Code
3404 Glenview Avenue
Austin, TX 78703

\$250.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sloan, Jon (Mr.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/15/2014

Contributor address; City; State; Zip Code
1802 Shadowbrook Circle
Round Rock, TX 78681

\$250.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Swindell, Scott (Mr.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/15/2014

Contributor address; City; State; Zip Code
1903 West Creek Loop
Round Rock, TX 78681

\$250.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 5/5 Report: 7/11	
2 FILER NAME Leffingwell, Frank (Mr.)			3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 12/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thorne, Brad (Mr.) 6 Contributor address; City; State; Zip Code 2303 Woodway Round Rock, TX 78681	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date 12/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tier 1 Group, LLC Contributor address; City; State; Zip Code 400 Broade Way Leander, TX 78641	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 12/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Timmerman, Tim (Mr.) Contributor address; City; State; Zip Code 4903 Whitehorn Court Austin, TX 78746	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 12/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Van Houten, Tammy (Mrs.) Contributor address; City; State; Zip Code 1003 Collingwood Cv Round Rock, TX 78665	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 12/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walton, Mary (Mrs.) Contributor address; City; State; Zip Code 1710 Timberwood Drive Cedar Park, TX 78613	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 8/11	
2 FILER NAME Leffingwell, Frank (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 TOTAL OF UNITEMIZED LOANS: ⇄⇄⇄⇄⇄⇄		\$	
5 Date of loan 12/05/2014	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Leffingwell, Frank (Mr.)		9 Loan Amount (\$) \$3,000.00
6 Is lender a financial Institution? No	8 Lender address; City; State; Zip Code 1948 Savannah Drive Round Rock, TX 78681		10 Interest rate 0
			11 Maturity date 12/05/2015
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation		21 Employer	
Date of loan 12/12/2014	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Leffingwell, Frank (Mr.)		Loan Amount (\$) \$1,000.00
Is lender a financial Institution? No	Lender address; City; State; Zip Code 1948 Savannah Drive Round Rock, TX 78681		Interest rate 0
			Maturity date 12/12/2014
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/3 Report: 9/11		2 FILER NAME Leffingwell, Frank (Mr.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 12/04/2014	5 Payee name Carter, Charles (Mr.)				
6 Amount (\$) \$1,377.00	7 Payee address City; State; Zip Code 234 Olde Oaks Drive Georgetown, TX 78633				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Service fees to campaign consultant		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				
Date 12/05/2014	Payee name Minute Man Press				
Amount (\$) \$381.58	Payee address City; State; Zip Code 1904 S Austin Ave Georgetown, TX 78626				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing and signs		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				
Date 12/05/2014	Payee name Minute Man Press				
Amount (\$) \$2,567.69	Payee address City; State; Zip Code 1904 S Austin Ave Georgetown, TX 78626				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Signs		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				
Date 12/12/2014	Payee name Minute Man Press				
Amount (\$) \$1,078.14	Payee address City; State; Zip Code 1904 S Austin Ave Georgetown, TX 78626				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing and Signs		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/3 Report: 10/11		2 FILER NAME Leffingwell, Frank (Mr.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 12/09/2014	5 Payee name Office Depot				
6 Amount (\$) \$29.22	7 Payee address City; State; Zip Code 110 N. I-35, Ste. 298 Round Rock, TX 78681				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing supplies		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 12/10/2014	Payee name Office Depot				
Amount (\$) \$176.40	Payee address City; State; Zip Code 110 N. I-35, Ste. 298 Round Rock, TX 78681				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing supplies		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 12/04/2014	Payee name PayPal				
Amount (\$) \$7.55	Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payment processing fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 12/10/2014	Payee name PayPal				
Amount (\$) \$6.10	Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payment processing fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/3 Report: 11/11		2 FILER NAME Leffingwell, Frank (Mr.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 12/11/2014	5 Payee name PayPal				
6 Amount (\$) \$1.75	7 Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payment processing fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 12/12/2014	Payee name PayPal				
Amount (\$) \$7.55	Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payment processing fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 12/15/2014	Payee name PayPal				
Amount (\$) \$3.20	Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payment processing fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 12/15/2014	Payee name PayPal				
Amount (\$) \$1.75	Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payment processing fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held: